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UNCLAS SECTION 01 OF 02 SEOUL 000729

SIPDIS

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PINR, AMGT, MG, KS

SUBJECT: MGSF01: PUBLIC OUTREACH AND SURVEILLANCE RESULT IN THREE H1N1 INFLUENZA CASES DETECTED IN KOREA

¶1. Summary: South Korea has confirmed three cases of H1N1 influenza during the recent outbreaks. The first case was a nun who had recently returned from a visit to Mexico. The second case was a nun at the same convent who had close contact with the first. The third case was a woman who was on the same airline flight as the first. None of the individuals developed serious illness. All were treated with Tamiflu and subsequently discharged from in-patient medical facilities. A National Swine Flu Task Force established under the Ministry of Health, Welfare and Family Affairs (MHWFA) deployed 38 infrared thermal detectors to screen arrivals and bolstered quarantine staffing at the country's international airports and seaports. Approximately 400 people who either had contact with the three infected persons or who themselves exhibited fever or other flu-like symptoms after traveling abroad have tested negative for the H1N1 virus. The Ministry of Food, Agriculture, Forestry and Fisheries (MFAFF) temporarily banned the import of live swine from North America and is testing all imported pork for the presence of the H1N1 virus. Signs posted at the airport and enhanced surveillance were instrumental in the detection of Korea's three H1N1 influenza cases. End summary.

Three Persons Test Positive, Treated, and Released

¶2. Korea's first case of H1N1 influenza was a 51-year-old nun who spent a week in Mexico from April 18 to 25. On arrival at Incheon Airport April 26 on a flight from Los Angeles she saw signs informing recent visitors to Mexico experiencing flu-like symptoms to report to health authorities. With a cough, runny nose and a fever of 37.7 C (99.9 F), she voluntarily went to a public health clinic the following day where rapid antigen screening tests detected influenza type A infection. The patient began a course of oseltamivir (Tamiflu) and was advised to remain at home under appropriate quarantine precautions. After H1N1 influenza was confirmed on May 2 using MDCK cell culture laboratory method, the patient was moved to an isolation ward at the ROK Armed Forces Medical Command (AFMC) Capital Hospital. After completing the Tamiflu treatment and full recovery from the minor symptoms, she was discharged from the hospital on May 4.

¶3. ROK health officials tested the other 39 nuns who resided in the convent with the first case and advised them to quarantine themselves. In addition, health officials began tracking down and testing the passengers who arrived in Korea on the same airline flight as the infected nun. These proactive surveillance measures detected the other two cases: One was a 44-year-old nun who had driven the original H1N1-infected nun home from the airport on April 26 and who developed mild flu-like symptoms; the other was a 62-year-old woman who sat six rows behind the infected nun on the airplane and who displayed neither fever nor any other flu-like symptom (she had spent the previous six months

visiting relatives in Arizona). Both of these additional cases were confirmed H1N1 by cell culture, placed in isolation at ROK AFMC Capital Hospital, treated with Tamiflu, and discharged on May 6 and May 7, respectively.

Government Response: Stepped Up Surveillance and Control

¶4. On April 26, the ROKG established a National Swine Flu Task Force under the Korean Centers for Disease Control, which was subsequently moved on April 30 to the central MHWFA under the direct supervision of the Minister of Health. Through the Task Force, the ROKG implemented several response and control measures, including dispatching 45 staff to reinforce the 69 quarantine officials already in place at the country's ports of entry.

¶5. The MHWFA stepped up surveillance of international arrivals by deploying 38 infrared temperature scanners at international airports and seaports. The scanners are set to detect individuals with a body temperature of 38 degrees C (100.4 degrees F). Anyone found to have an elevated temperature is re-checked by quarantine officials using a more precise ear thermometer. Individuals with a fever are not placed in quarantine; instead, they are instructed to report to a health facility for testing.

¶6. The Task Force also initiated screening of all persons who may have had contact with the three confirmed H1N1 cases by rapid antigen testing. Those tested included the 39 nuns who lived in the same convent as the first confirmed case, 5 healthcare providers at the hospital where she was treated, and 185 people who were on the same airline flight from Los

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Angeles. (Note: Of the 337 people on that flight, 140 people were excluded from testing because they were either transit passengers or short-term visitors. The MHWFA was unable to track down the remaining 12 passengers.)

¶7. The healthcare system has also tested approximately 200 other persons who recently traveled abroad and who had a fever or other flu-like symptoms. None of these have tested positive.

¶8. The Task Force put five hospitals on alert to prepare 197 isolation beds in case of a more widespread outbreak. The hospitals are the National Medical Center in Seoul (68 isolation beds), ROK AFMC Capital Hospital (28 beds), National Mokpo Medical Center in southern Cholla Province (50 beds), Incheon Medical Center in Incheon (25 beds), and Cheonbuk University Hospital in Jeonju, northern Cholla Province (26 beds).

¶9. The ROKG has allocated 83.3 billion won (USD 64 million) to procure 2 million additional courses of Tamiflu and 500,000 courses of the anti-viral drug Relenza) these are in addition to the country's existing supply of 2.5 million courses of Tamiflu. The ROKG will also provide support to a team at Chungnam National University to research and develop a vaccine for this strain of H1N1 virus.

¶10. The ROKG posted signs throughout the country's airports and other public places advising anyone who develops flu-like symptoms to be checked by a health-care provider. It also initiated education and outreach activities such as directing teachers to instruct school children on influenza precautions. The ROKG also sent information on flu symptoms and prevention to every government employee, and has begun implementing a hand-washing poster campaign, with other basic information on proper hygiene to reduce the risk of contracting influenza.

¶11. The Ministry of Food, Agriculture, Forestry, and Fisheries (MIFAFF) announced that the virus could not be transferred from eating pork, but that it would nonetheless commence testing of all imported pork from North America to

relieve concerns among consumers; MIFAFF later extended the testing to all imported pork regardless of origin. On May 6, MIFAFF issued a press release that it had tested a total of 255 metric tons of pork from North America (10MT from Mexico, 42 MT from the United States, and 112 MT from Canada) that had all tested negative for the H1N1 virus. On April 28, MIFAFF placed a ban on all imported live swine from North America as a temporary measure in an attempt to prohibit the introduction of the H1N1 virus entering with live swine imports. The ROKG has not yet provided a response to the U.S. request for Korea to lift its ban on imported live swine.

Embassy Response: EAC Meeting, Info Sharing, Monitoring

¶12. The Embassy Emergency Action Committee (EAC) convened on April 30, reviewed the Embassy Pandemic Tripwires and Response Plan, and decided to take several actions. As a result, a Pandemic Working Group was created to monitor the situation and report back to the EAC as necessary. An information message was sent via e-mail to the Embassy community, and a warden message was transmitted to U.S. citizens in Korea to keep them fully informed. RSO coordinated with local schools on their response, and ESTH has been participating in conference calls with U.S. Forces Korea. Management reviewed the Embassy's supplies of anti-viral medications and personal protective equipment and decided to procure additional hand sanitizers for various offices and rapid influenza test kits for use by the Health Unit.

¶13. Comment: Korea is generally viewed as having a strong healthcare infrastructure, as well as valuable experience in prevention, containment and control of SARS and avian influenza. If not for the public information signs posted at the airport, the country's first case may have gone undetected. And if not for MHWFA's enhanced surveillance following the first infection, the other two cases might also have gone undetected. Post will continue to maintain close contact with the MHWFA and will report on any further developments.
STANTON